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For Ecology Use

Fee Paid \$50.00

Date 2/21/07

State of Washington  
DEPT. OF ECOLOGY  
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

## Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name **BONNIE VIEW WATER ASSOCIATION**

Home Tel: ( ) -

Mailing Address **1442 Bonnie View Road**

Work Tel: ( ) -

City **Oak Harbor** State **WA** Zip **98277**

FAX: ( ) -

## Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as aboveName **Bob Greathead**Home Tel: **(360) 279-2704**Mailing Address **1442 Bonnie View Road**

Work Tel: ( ) -

City **Oak Harbor** State **WA** Zip **98277**

FAX: ( ) -

Relationship to applicant \_\_\_\_\_

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than **20 [additional]** ( ☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of **Municipal Supply**. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.)

NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: **22.0 [additional]**☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 4. WATER SOURCE

IF SURFACE WATER	IF GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <b>1</b> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <b>6-inch, 174 feet</b>

## LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: **350 feet east; 3,100 feet south of NW corner of Section 14**

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<b>NW</b>	<b>SW</b>	<b>14</b>	<b>32</b>	<b>1 E</b>	<b>Island</b>	<b>2-1</b>	<b>Tr 2</b>	<b>Bonnie View</b>

For Ecology Use

Date Received: **2/21/07**Priority Date: **2/21/07**SEPA: ☒ Exempt/Not Exempt

FERC License #

Dept. Of Health #

Date Accepted As Complete

By **DB**

Date Returned

By

WRIA: **6**Appl. No: **61-28486**



## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: **Bonnie View Water Associatoin**
- B. Briefly describe your proposed water system. (**See instructions.**)

Water system consists of:

- single well,
- 23,000 gallon Mt. Baker Silo concrete reservoir,
- Approximately 3,500 feet of 4-inch steel water mains.

- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
PROVIDE DOCUMENTATION.

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: **42** Type of connection **Single-family residential homes**  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO  
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: \_\_\_\_\_
- B. List total number of acres for other specified agricultural uses:
- |           |             |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: \_\_\_\_\_
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_

APPLICATION



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☒ YES ☐ NO

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.*

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From south end of the City of Oak Harbor, travel one mile south to Miller Road, turn left on Miller Road. Travel 1/2-mile to Scenic Heights Road, Turn left on Bonnie View Road. Travel approximately 1/2-mile. Well house in field on right.

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Attached

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☐ YES ☒ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Water used in public water system service area.

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B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Robert A. Hurling  
Applicant (or authorized representative)

2-20-07  
Date

PARCEL OWNED BY B.V.W.-A.  
Landowner for place of use (if same as applicant, write "same")

\_\_\_\_\_  
Date



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) _____ is/are _____ incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:  	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

FEB. 20, '07

THIS APPLICATION IS TO MAKE CURRENT OUR  
WATER RIGHTS.

OUR NEIGHBORHOOD SYSTEM IS 50+ YEARS OLD.  
WE CURRENTLY HAVE 26 CONNECTIONS AND  
WAS MY UNDERSTANDING THE EXPANSION TO  
38 CONNECTIONS.

THE DEPT. OF HEALTH WANTS US TO TREAT FOR  
ARSENIC, SO WE HIRED GEORGE BRATTON  
A WATER ENGINEER. 360 678-4552.

A LETTER WILL FOLLOW FROM ERICA PETERSON,  
STATE DEPT. OF HEALTH FOR PRIORITY PROCESSING  
AS WE ARE TO APPLY FOR STATE REVOLVING  
FUND MONEY FOR THE IMPROVEMENTS.  
253 395-6766.

I AM THE NEW PRESIDENT OF OUR ASSOCIATION.

ROBERT GREATHEAD  
1442 BONNIE VIEW ACRES RD  
OAK HARBOR, WA 98277  
360 279-2704

\$50.00 pd  
2/21/07  
JAG

RGREATHEAD@COMCAST.NET

Thanks,  
Bob Greathead

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S:

INFORMATION ON THIS PLAN IS  
WATER SYSTEM PLANNING ONLY.  
OTHER USES, INFORMATION SHOULD  
VERIFIED BY COUNTY RECORDS OR  
LICENSED SURVEYOR.

LINE OBTAINED FROM SCAN OF  
NTY SECTION MAPS. DIMENSIONS  
ULD BE CONSIDERED APPROXIMATE.

VATION CONTOURS OBTAINED FROM  
N OF USGS MAP "OAK HARBOR"  
DRANGLE.

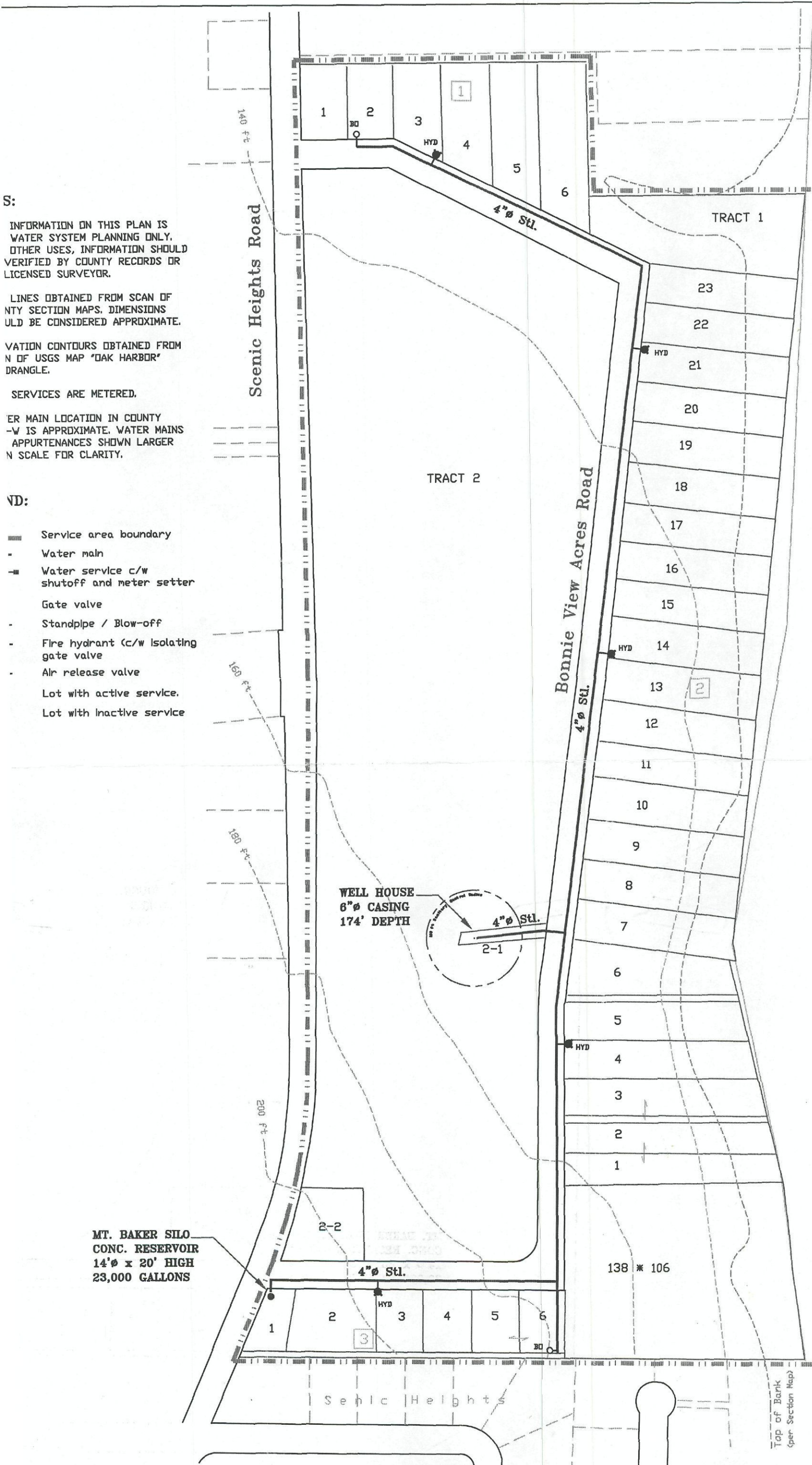
SERVICES ARE METERED.

ER MAIN LOCATION IN COUNTY  
-W IS APPROXIMATE. WATER MAINS  
APPURTENANCES SHOWN LARGER  
N SCALE FOR CLARITY.

ND:

- Service area boundary
- Water main
- Water service c/w  
shutoff and meter setter
- Gate valve
- Standpipe / Blow-off
- Fire hydrant (c/w isolating  
gate valve
- Air release valve
- Lot with active service.
- Lot with inactive service

0  
Scale



Latest rev

BONNIE VIEW WATER ASSOC.  
c/o Bob Greadhead  
1442 Bonnie View Road  
Oak Harbor Washington 98277

# WATER DISTRIBUTION SYSTEM COMPREHENSIVE MAP

GEORGE BRATTON, CIVIL EN  
1252 S. Farragut Drive  
Coupeville, Washington 98243  
Job 583 June